State of California—Health and Welfare Agency Form Approved OMB No. 2050—C039 (Expires 9-30-91)

See Instructions on Back of Page 6 and Front of Page 7

Department of Health Services Toxic Substances Control Division Sacramento, California

Please print or type. (Form designed for use on elite (12-pitch typewriter). UNIFORM HAZARDOUS 1 Generator's US EPA ID No. Manifest 2. Page 1 Information in the shaded areas WASTE MANIFEST C1A1D101018121512191813 416151514 is not required by Federal law. 3. Generator's Name and Mailing Address A. State Manifest Pocument Number 88346554 PARA PLATE 15910 SHOEMAKER AVE, CERRITOS, CA. 90703 B. State Generator's ID 4. Generator's Phone (213) 404-3434 5. Transporter 1 Company Name 1-800-652-7550 US EPA ID Number C. State Transporter's ID OMEGA RECOVERY SERVICES ₁C₁A₁D₁0₁4₁2₁2₁4₁5₁0₁0₁1 D. Transporter's Phone 213/698-0991 7. Transporter 2 Company Name US EPA ID Number E. State Transporter's ID F. Transporter's Phone 9. Designated Facility Name and Site Address US EPA ID Number G. State Facility's ID CALL OMEGA RECOVERY SERVICES C140101412121415101011 12504 E. WHITTIER BLVD. CALIFORNIA WHITTIER, CA. 90602 CAD01412121415101011 S 213/6980991 5 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) 13. Total Quantity Unit Waste No. 0 No Type Wt/Vol 5 WASTE ORM-A N.O.S., NA 1693 State 3837 WITHIN 211,212 EPA/Other (Flexosolvent) DIM 0101/1310 F001, F003 1-800-424-8802; EPA/Other State EPA/Other CENTER State EPA/Other RESPONSE J. Additional Descriptions for Materials Listed Above K. Handling Codes for Wastes Listed Above a. Material for recycle C. d. NATIONAL 15. Special Handling Instructions and Additional Information Profile#Bl0016 光 *Emergency#213/404-3434 CALL 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and SPILL, If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment, OR, if I am a small quantity generator, I have made a good feith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. SPO EMERGENCY Printeu, yped Name Signature Month Day rank 17. Transporter 1 Acknowledgement of Receipt of Materials AIN Printed/Typed Name Signature Month Day Yes 5 LAVIER 18. Transporter 2 Acknowledgement of Receipt of Materials CASE Printed / Typed Name Signatur Month Day Year Z 19. Discrepancy Indication Space A C 20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19 Printed/Typed Name Signature Day

DHS 8022 A (1/88)

Do Not Write Below This Line

EPA 8700—22 (Rev. 9-88) Previous editions are obsolete

White INDERENDS THIS COPY TO DOME WITHIN 30 DAYS

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